

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>6/11/05</u>		2 Serial/Patent # <u>10/519522</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
✓	Other			\$100
		7 TOTAL AMOUNT OF REFUND		\$100
		8 TO BE REFUNDED BY:		
		Treasury Check		
		Credit Deposit A/C #:		
		9 50--0220		
10 REASON:				
	Overpayment			
	Duplicate Payment			
	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: _____		TITLE: _____		
SIGNATURE: _____		<small>Repl'd 6/13/2005 BCAMPBEL 0018174000 DAH:560220 Name/Number:10519522 FC: 9204 \$100.00 CR</small>		
OFFICE: _____				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**